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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

E-5276 I.D. TAG NO.
123 Local File Number
136- State File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Frederick; Middle: Francis; Last: HAYFORD
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 19, 1990
4. SOCIAL SECURITY NUMBER: 518-09-9413
5a. AGE - Last Birthday (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Placerville, Idaho
7. DATE OF BIRTH (Month, Day, Year): August 22, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street & no. number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Surveyor
10b. KIND OF BUSINESS/INDUSTRY: Civil Service Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lucille
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1675 Portland Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, see City Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Leslie B. Hayford
18. MOTHER - NAME first middle maiden: Blanche M. Castle
19. INFORMANT - NAME and relationship to deceased: Lucille Hayford, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid
21b. LICENSE NUMBER (If Licensed): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAR 20 1990
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:30 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Blake Berven, M.D.
30. DATE SIGNED (Month, Day, Year): March 19, 1990
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven, M.D., 2816 Clover Street, Klamath FAlls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory failure — Interval between onset and death: 10 minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Severe COPD — Interval between onset and death: 20 years
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: Recent hip fx. & Recent bowel obstruction
37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41c. DESCRIBE HOW INJURY occurred
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-88

ORIGINAL -- VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: MAR 20 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

80c

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lucille Hayford the 26th day of March A.D., 19 90 at 2:27 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 5484.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Lucille Hayford
1675 Portland, Klamath Falls, Or. 97601